PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								·	Ap)]	12/		7/4/
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	TITY	OR	OTHER SMALL	
TOTAL CLAIMS								RATE	Π	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		···	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X43=	7		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=	_		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							`	TOTAL	4		OR	TOTAL	
CLAIMS AS AMENDED - PART II (0-17-04											10	OTHER	THAN
	•		(Column 2) (Column 3)				SMALL ENTITY			OR .	SMALL	ENTITY	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
DME	Total	.39	Minus	# 3	2	= 7		X\$ 9=		,	OR	X\$18=	12600
AMENDMENT	Independent	* 7	Minus	***	3	= //		X43=	1		OR	X86=	134400
Ľ	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT		CLAIM		1	+145=			OR	+290=	<i></i>	
								TOTA ADDIT. FE			l l	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										,	ADDII. FEET	
AMENDMENT B		CLAIMS	<u> </u>	HIGH	EST	T .	1 [T	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	1	FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=]]	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEF			ENDEN	CLAIM		۱ ا	+145=			OR	+290=	
									L			TOTAL	· ·
(Column 1) (Column 2) (Column 3)									E L		, ,	ADDIT. FEE	
	\	CLAIMS		HIGH	GHEST			•	-	ADDI-	ſ		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=			OR	X\$18=	
ME	Independent	*	Minus	***		=	!	X43=	1		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4.45	T			. 200-	•
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3											OR	+290= TOTAL	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR ADDIT.													
1	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest number	er four	nd in the a	ppro	opriate box	in coli	umn 1.	